Xerox Square 20A

Rochester, New York 14644



PATENT APPLICATION

Attorney Docket No. D/A0A93

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: LOCATING EDGES OF A SCANNED DOCUMENT

the specification and claims are attached hereto		ed on as U.S. App	lication No
I hereby state that I have rethe claims.	viewed and understand	d the contents of the above-i	dentified specification, including
I acknowledge the duty to Code of Federal Regulation:		which is material to the pate	entability as defined in Title 37,
application(s) for patent list application(s) for patent hav	ed below, and have al ing a filing date before		any foreign or U.S. Provisional ign application(s) or Provisional ich priority is claimed:
Prior Foreign or U.S. Provisi	ional Application(s)		
(Number) (Country)		(Day/Month/Year Filed)	
	Reg. No. 22,833; Reg. No. 26,402; Reg. No. 31,342; Reg. No. 36,784;		Reg. No. 25,582; Reg. No. 20,881; Reg. No. 34,098; Reg. No. 30,707

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

716-423-9215

DECLARATION AND POWER OF ATTORNEY, continued

Charatopher J. Spencer Name of sole or first inventor:

Inventor's Signature:

128 West Main Street, Shortsville, NY 14548 U.S.

Citizenship:

Date:

Mailing Address: (Same as above)